

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P17328** (6)

1. Corporation Name  
**HEPACO, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 26308 P.O. BOX 26308  
2711 BURCH DRIVE 2711 BURCH DRIVE  
CHARLOTTE NC 28221 CHARLOTTE NC 28221

3. Date Incorporated or Qualified **12/21/1987** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **2711 BURCH DR.** 26 **PO Box 26308**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **56-1428449** Applied For Not Applicable

22 City & State 27 City & State  
**Charlotte NC** **Charlotte NC**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country  
**28269** **28221** **NC** **NC**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORP. SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORTON, RONALD L.	
STREET ADDRESS	ONE HARDIN CT	
CITY-ST-ZIP	TERRELL NC	
TITLE	V A	<input type="checkbox"/> DELETE
NAME	CHONEY, MARK	
STREET ADDRESS	2711 BURCH DR	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HORTON, DIANNE C	
STREET ADDRESS	ONE HARDIN COURT	
CITY-ST-ZIP	TERRELL NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, NEVILLE	
STREET ADDRESS	4745 HIGH HOWELL RD	
CITY-ST-ZIP	TUCKER GA	
TITLE	ASST. SEC.	<input type="checkbox"/> DELETE
NAME	Richard A. Swartzel	
STREET ADDRESS	2711 BURCH DR.	
CITY-ST-ZIP	Charlotte NC 28269	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] ASST SEC 1-11-96 704 598-9782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)